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To be the preferred and trusted partner of our clients and associates . . . **PERIOD!**

May 16, 2001

TolTest No. 40862.01

Joyce Munie  
Illinois Environmental Protection Agency  
Bureau of Land - Permit Section  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276

Subject: RCRA Closure Plan For Naval Training Center, Great Lakes, Illinois  
IEPA SITE # 0971255004  
USEPA # IL7170024577

Dear Ms. Munie,

On behalf of the U.S. Department of the Navy, TolTest submits Closure Plans and RCRA Interim Status Closure Forms LPC-PA18 for five RCRA Sites at the Naval Training Center, Great Lakes, Illinois. TolTest has reviewed documentation provided by the Navy and has corresponded with Mr. William Sonnett (217-524-3310) of your department in preparation of this submittal. The attached Closure Plan and LPC-PA18 are specific to the following building:

**Building 105 - Former Dry Cleaner Facility**  
Building 145 - Former Gasoline Service Area within SO1 area  
Building 415 - Former Dry Cleaner Facility  
Building 520 - SO1 area  
Building 912 - Active Dry Cleaner Facility

I trust that the enclosed form and the three copies of the Closure Plan identified above will be reviewed by your department at your earliest convenience. Please do not hesitate to call Molly Arp Newell (319-333-3551) or me (419-241-7175) if you have questions regarding the submittals.

Sincerely,  
TOLTEST, INC.

A handwritten signature in black ink, appearing to read "Robert R. Beckwith".

Robert R Beckwith, PG  
Sr. Project Manager

Cc: Christopher Bartku  
Ernest Enrique, PE  
Molly Arp Newell, PG, CHMM

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# ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

1021 NORTH GRAND AVENUE EAST, P.O. Box 19276, SPRINGFIELD, ILLINOIS 62794-9276

THOMAS V. SKINNER, DIRECTOR

## RCRA INTERIM STATUS CLOSURE AND POST-CLOSURE CARE PLANS GENERAL FORM LPC-PA18

THIS FORM MUST ACCOMPANY ANY RCRA INTERIM-STATUS CLOSURE AND/OR POST-CLOSURE CARE PLANS OR MODIFICATION REQUEST SUBMITTED TO THE DIVISION OF LAND POLLUTION CONTROL. THE ORIGINAL AND TWO COPIES OF ALL DOCUMENTS SUBMITTED MUST BE PROVIDED.

**FACILITY IDENTIFICATION** (Information about the facility where the units are located which are addressed in this closure plan submittal)

Name: NAVAL TRAINING CENTER County: LAKE  
Street Address: BUILDING 105 Site # (IEPA): 0971255004  
City: GREAT LAKES Site No. (USEPA): IL7170024577

### OWNER INFORMATION

Name: U.S. DEPARTMENT OF THE NAVY  
Mailing Address: Code N45 @ 201 Decatur Ave.

### OPERATOR INFORMATION

Same as Owner

NAVAL TRAINING CENTER GREAT LAKES  
GREAT LAKES, IL 60088-5600

Contact Name: MARK SCHULTZ  
Contact Title: ENVIRONMENTAL DIRECTOR  
Phone #: 847-688-5999 Ext. 40

**TYPE OF SUBMISSION** (check applicable item and provide requested information, as applicable)

☒ Original (New) Closure Plan Log No. of Most Recent Agency Approval/Disapproval Letter C-689-M-6  
☐ Original (New) Post-Closure Plan  
☐ Response to Disapproval letter Date of Most Recent Agency Approval/Disapproval Letter March 10, 1999  
☐ Modification Request  
☐ Additional Information for    /    /    Submittal (Log No.    if known)

Does this submittal contain groundwater information: ☒ Yes; ☐ No

(IF YES, PLEASE INCLUDE ONE ADDITIONAL COPY OF SUBMITTAL)

**DESCRIPTION OF SUBMITTAL:** (briefly describe what is being submitted)

RCRA CLOSURE PLAN - Bldg 105- Former Dry Cleaner Facility

**LIST OF DOCUMENTS SUBMITTED** (identify all documents in this submittal, including the cover letter)

COVER LETTER WITH P.E. CERTIFICATION, RCRA CLOSURE PLAN  
QAPP, SAP, and Site Health & Safety Plan

**UNITS UNDERGOING CLOSURE** (please identify what type of units are addressed in the plan, their capacities and whether they are on the RCRA Part A for the facility)

Unit	Unit Code	Number of Units Closing	Capacity	On Part A (Y/N)
Storage:				
Container (barrel, drum, etc.)	S01	<u>1</u>	<u>300 g</u>	<u>Y</u>
Tank	S02	<u>  </u>	<u>(est.)</u>	<u>  </u>
Waste Pile	S03	<u>  </u>	<u>  </u>	<u>  </u>
Surface Impoundment	S04	<u>  </u>	<u>  </u>	<u>  </u>

**UNITS UNDERGOING CLOSURE** (continued)

LPC PA-18 (Page 2)

Unit	Unit Code	Number of Units Closing	Capacity	On Part A (Y/N)
<u>Treatment:</u>				
Tank	T01	_____	_____	_____
Surface Impoundment	T02	_____	_____	_____
Incinerator	T03	_____	_____	_____
Other (explain)	T04	_____	_____	_____
<u>Disposal:</u>				
Landfill	D80	_____	_____	_____
Land Application	D81	_____	_____	_____
Surface Impoundment	D83	_____	_____	_____

**CERTIFICATION AND SIGNATURE** (Must be completed for all submittals. Certification and signature requirements are set forth in 35 IAC 702.126. Any submittal involving engineering plans, specifications and calculations as defined in the Illinois Professional Engineering Practice Act (225 ILCS 325) and 68 Ill. Adm. Code 1380 must be signed and certified by an Illinois licensed professional engineer.)

All closure plans, post-closure plans and modifications must be signed by the person representing the owner/operator designated below or by a duly authorized representative of that person:

1. If the owner/operator is a Corporation - By a principal executive officer of at least the level of vice-president.
2. If the owner/operator is a Partnership or Sole Proprietorship - By a general partner or the proprietor, respectively.
3. If the owner/operator is a Government - By either a principal executive officer or a ranking elected official.

A person is a duly authorized representative only if:

1. the authorization is made in writing by a person described above; and
2. is submitted with this application (a copy of a previously submitted authorization can be used).

**CERTIFICATION STATEMENT** - I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Owner Signature: \_\_\_\_\_

*Mark Schultz*

5-14-01

(Date)

Title: \_\_\_\_\_

ENVIRONMENTAL DIRECTOR

Operator Signature: \_\_\_\_\_

NTC GREAT LAKES

Title: \_\_\_\_\_

XXXX

XXXXXX

Engineer Signature: \_\_\_\_\_  
(if necessary)

*[Signature]*

05/11/01

(Date)

Engineer Name: \_\_\_\_\_

ERNESTO ENRIQUE, P. E.

Engineer Address: \_\_\_\_\_

1915 North 12th Street

P.O. Box 2186

TOLEDO, OH 43603-2186

Engineer Phone No.: \_\_\_\_\_

800 - 366 - 7175

Engineer Seal



JM:bjh\97763S.WPD

This Agency is authorized to require this information under Illinois Revised Statutes, 1979 Chapter 111 1/2, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.